

## Intangible Benefits Scale

Value of Benefits	Extent of Application			
	Limited	Extended	Broad	General
	Affects functions, missions, or personnel of office or major subdivision of installation or HQ; affects small area of science and technology.	Affects functions, missions, or personnel of entire installation or all of HQ; affects important area of science or technology.	Affects functions, missions, or personnel of several installations or has NASA-wide impact; affects broad area of science or technology.	Affects functions, missions, or personnel of several regional areas or commands or is in the public interest throughout the Nation or beyond.
<b>MODERATE:</b>  Modification of operating procedure which has value sufficient to meet the minimum standard for cash award. Idea or performance contribution of limited value to product, program, or service.	Maximum Award  \$250	Maximum Award  \$350	Maximum Award  \$750	Maximum Award  \$1000
<b>SUBSTANTIAL:</b>  Important improvement of product, activity, program, or service. Idea or performance contribution providing substantial input to success of NASA program, project, or function.	\$350	\$750	\$1250	\$2500
<b>HIGH:</b>  Highly significant improvement of product, activity, program, or service. Idea of performance contribution providing high level input to the success of an important NASA program, project, or function.	\$750	\$1250	\$2500	\$5000
<b>EXCEPTIONAL:</b>  Superior improvement of a critical product, activity, or program, or service. Idea or performance contribution initiating new principle of major procedure, or providing exceptional input to success of major NASA program, project, or function.	\$1250	\$2500	\$5000	\$10,000



National  
Aeronautics  
and Space  
Administration

George C. Marshall Space Flight Center

# SUGGESTION EVALUATION

TO:	SUGGESTION NUMBER:	DATE:	REPLY DUE (Date):
	FROM: HS40/544-5656/9154		PHONE: 544-0895/5656

The attached suggestion appears related to the function of your office. Your cooperation is needed to insure the suggestion receives fair appraisal and that it will be adopted if considered worthwhile. To achieve this, please: (1) have an appropriate person evaluate the suggestion; (2) if the evaluation is favorable, take the necessary steps to adopt; (3) if not within your area of responsibility, indicate in item 1 below, the appropriate organization and person, if known, to which it should be sent; and (4) return the evaluation to the above address.

EVALUATOR:	ORGANIZATION:	PHONE:
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**1. DO YOU RECOMMEND ADOPTION OF THE SUGGESTION?**

☐ YES ☐ NO ☐ TOTAL ☐ PARTIAL

(Explain below to what extent. If answer is "No", please explain why.)

IF "YES", ENTER THE APPROPRIATE DATE BELOW:

☐ ADOPTED ON: \_\_\_\_\_ ☐ WILL BE ADOPTED ON: \_\_\_\_\_

☐ ADOPTION IS DIRECT RESULT OF THE SUGGESTION.

☐ RECOMMEND REFERRAL FOR WIDE APPLICATION.

REASONS FOR ACTION TAKEN OR RECOMMENDED: *(Continue on separate page, if necessary.)*

**2. TANGIBLE BENEFITS**

ADOPTION WILL RESULT IN MONETARY SAVINGS TO THE GOVERNMENT

☐ YES ☐ NO

(If "Yes", complete the attached MSFC Form 427-1, Comparative Cost Analysis.)

**3. INTANGIBLE BENEFITS**

BENEFITS WILL BE REALIZED: ☐ YES ☐ NO USING SCALE ON THE REVERSE SIDE, DETERMINE:

VALUE OF BENEFIT: \_\_\_\_\_ EXTENT OF APPLICATION: \_\_\_\_\_ DOLLAR AMOUNT: \_\_\_\_\_  
(Can be as little as \$100 or as great as \$10,000.)

DESCRIBE THE INTANGIBLE BENEFITS:

TITLE OF APPROVING AUTHORITY:	SIGNATURE:	DATE:
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